

Mail to:  
**STATE OF CONNECTICUT**  
**INSURANCE DEPARTMENT**  
PO Box 816, Hartford, CT 06142-0816

**INSURANCE & SURETY COMPANY APPOINTMENT CANCELLATION NOTICE**  
**"FOR CAUSE" ONLY**  
**INDIVIDUALS and BUSINESS ENTITIES**

**INSTRUCTIONS:**

1. Complete this form in its **entirety** and **attach supporting documentation**.
2. Mail the original form to the Insurance Department **within 30 days of cancellation** [CGS 38A-784(d)].
3. Mail copy to the producer **within 30 days of cancellation** [CGS 38a-784(d)].
4. Keep copy for Company record.
5. Preprint the Company's Connecticut number.

**TO: Insurance Commissioner**  
**State of Connecticut Insurance Department**

The Insurance or Surety Company indicated herein respectfully requests that you cancel the appointment of the individual or business entity named herein to act as an agent for this company effective

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**Insurance or Surety Company's NAIC Number**

\_\_\_\_\_  
Name of Insurance or Surety Company

**Licensee's SSN (Individual) or FEIN # (Firm)**

\_\_\_\_\_  
Licensee's Full Legal Name as it appears on their current CT Producer license

**Connecticut Producer License Number**

\_\_\_\_\_  
Licensee's Address (No & St) (City) (State) (Zip)

**Please check (✓) appropriate authority(ies). Use a separate form for each license number.**

**STANDARD LINES OF AUTHORITY**

- ☐ Accident & Health  
☐ Fixed & Variable Annuities  
☐ Life  
☐ Life, Accident & Health  
☐ Life & Variable Contracts  
☐ Life, A&H and Variable Contracts  
☐ Personal Lines  
☐ Property/Casualty

**LIMITED LINES OF AUTHORITY**

- ☐ Credit  
☐ Limited Auto Physical Damage  
☐ Limited Home Warranty  
☐ Mortgage Guaranty  
☐ MV Service Agreement  
☐ Other Limited Line (Specify) \_\_\_\_\_  
☐ Travel  
  
☐ Bail Bond (Surety Bail Bond Agent)

**Signed (Authorized Insurance or Surety Company Representative)**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Type Name of Signatory and Title**

**Revised 11/01/04**